Date 0/31/01 Label No. 76772611 1/s

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

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PATENT TRADEMARK OFFICE

Docket No: 3485/1H799US1

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Jeremy STERNS; Shanthini RAJENDRAM;

Anand SUBRAMANIAN

Title: INTERNET CONTEXTUAL COMMUNICATION SYSTEM

including the items indicated:

- 1. Specification and <u>26</u> claims: #indep.; <u>19</u> dep.; _ multiple dep.; including <u>36</u> page(s) of written description; <u>8</u> page(s) of claims; <u>1</u> page(s) of abstract.
- 2. [X] Drawings, <u>17</u> sheets (Figs. 1-19)
- 3. [X] Executed Declaration/Power of Attorney
 [] Unexecuted Declaration/Power of Attorney
- 4. [X] Assignment for recording to: ContextWeb

[X] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee: ContextWeb

- 5. [X] The applicant claims small entity status.
- 6. [] Priority is claimed under 35 U.S.C. §119(e) of:

Country:

USA

Number:

60/244,725

Date:

October 31, 2000

Country:

USA

Number:

60/296,599

Date:

June 7, 2001

Country:

USA

Number:

60/296,590

Date:

June 7, 2001

\$632 \$592

7. [X] Payment in amount of \$590.00, (\$550.00 filing; \$40 recording)

in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: October 31, 2001

Respectfully submitted,

Lisa Ulrich

Reg. No. 45,168

Attorney for Applicants





Docket No.: 3485/1H799US1

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$740.00
Total Claims	26 - 20	-0 = 6	x \$18.00	\$108.00
Independent Claims	7 &- 3	- 0 = 8	x \$84.00	£336 \$252.00
Multiple Depen	dent Claims	- if so, add	\$280.00	\$0.00
(\$130.00)	ate submission of			\$0.00 \$1,184.
	, REDUCTION (Hal			\$\\ \sq\ 2\\ *\ \\$\\ \\$\\ \\$\\ \\$\\ \\$\\ \\$\\
Fee for recordation of assignment (\$40.00)				\$40.00
Charge for filing non-English language application (\$130.00)				\$0.00 ;
TOTAL				\$590.00